

Positive Alternatives 2014 - 15 Quarterly Update

Grantee: Face to Face Health and Counseling Service, Inc.

Goal: To support, encourage, and assist young women to complete their pregnancy, have healthy birth outcomes, appropriately care for their newborns, and increase their stability and self-sufficiency as parents.

For the period: January – March 2015

Activity or Service	Activity or Service Description Major Work Plan Activities	Work Plan Count	Program Progress and Accomplishments Report the progress and accomplishments made this period on each activity.	Report Count
Administrative Activities	Provide ongoing supervision and guidance of grant staff; ensure reporting and evaluation activities are completed		Prenatal case managers, nursing staff, and nurse practitioners meet on a weekly basis to discuss continuity of care, centering pregnancy, and best practices for prenatal clients. Case consultations occur for clients as needed.	
Outreach	Prepare and distribute wallet-sized cards describing Connect program		Women who have positive pregnancy tests at Face to Face are given information about prenatal care and Connect prenatal case management program. Connect cards are also distributed in the community through our Health Education Department at outreach events. Connect case managers spend 2 hours a week at SafeZone (drop in center for homeless youth), providing pregnancy testing, outreach and education to young women, and connecting those needing prenatal care to services at Face to Face.	
Case Management Services	Provide case management support to prenatal clients; provide home visits for clients who have missed prenatal care visits	300	Case Management visits have exceeded our goal this quarter. We continue to meet with our clients in Centering Pregnancy groups, individual prenatal appointments, and additional appointments as needed. Additionally, we have focused more attention on trying to complete home visits for new moms in their first two weeks postpartum.	337 Visits
Financial Assistance	Provide assistance in completing applications for financial assistance;	120	As certified MNsure Navigators, Connect case managers continue to see success in assisting most prenatal clients in applying for health insurance at the onset of prenatal care. Subsequent visits with clients, including follow up phone calls	134 Times

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			with the county offices and MNsure resource center, are sometimes still needed.	
Mental Health	Provide pre-natal and post-partum depression screening; provide referrals to non-PA funded Mental Health providers as needed	70	We continue to provide regular depression screenings as part of our holistic prenatal care. This screening, along with our process of connecting clients to our Mental Health provider through Centering groups and clinic visits, has proven to help in the follow through of clients receiving mental health services.	134 Times
Nutrition	Provide information on proper nutrition; provide referrals and follow- up; provide food bags, baby formula, and food gift cards as needed	85	Last quarter, in an effort to stay on budget and maximize the number of clients being helped, we began implementing a policy about accessing emergency onsite food bags/cards one time per month for each client. We are now seeing that we are under goal in providing nutrition assistance, in part, because of this policy. Moving forward we will not limit providing food bags, cards, and formula for clients in need, as long as we are within our budget.	72
Parenting Education	Provide two parenting events per year including education on parenting-related topics	100/year	We are currently planning our Summer Parent Event at the Minnesota Children's Museum. We look forward to reporting this next quarter.	0 Qtr/ 37 Year
Pregnancy Education	Provide pregnancy education within CenteringPregnancy® and prenatal education classes	125	5 groups (including 1 new group) with 20 clients total. Our challenges in reaching our target goals for Centering groups continue to persist, in large part due to our decreased number of prenatal clients overall. See more in "challenges" section. We are planning a program meeting this quarter to continue to problem solve these issues, including contacting our Practice Services Manager at the Centering Healthcare Institute.	36 Visits

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Pregnancy Testing	Provide pregnancy testing 2 hours per week at SafeZone location	12	We are under goal in providing pregnancy tests for the quarter; however we are not currently tracking the number of clients who meet and talk to Connect case managers, who may already be pregnant and not in need of testing.	7
Prenatal Medical Care	Provide prenatal care visits in CenteringPregnancy (120 per quarter) integrating medical care with pregnancy education and support; provide individual prenatal care visits (180 per quarter)	300	Providers are encouraging women with positive pregnancy tests to schedule an OB orientation (initial OB appointment) before leaving their clinic appointment. In addition, providing weekly OB orientation groups has led to more women starting prenatal services during the first trimester.	300 Visits
Provide Necessary Services Assessments Only	Staff provides clients only intake assessments, information on, referral to and assistance with securing necessary services	1	One client this quarter received an intake and assessment only. Due to a miscarriage, she did not need to return for continued care.	1
Transportation	Provide taxi rides or bus fare for clients to get to appointments.	120	Overall, clients seem to be gaining insurance earlier in their pregnancies since the start of the new MNSure online application process. We attribute being under goal this quarter with the ability to link clients to ride assistance through their health insurance plans. Our budgeted goals for transportation have nearly been met even though our work plan goals have not. We have provided some continual transportation for clients living outside of St. Paul, which has been more costly.	47 Times

Maternal and Child Health Initiative Task Force Strategies	No.
<i>Number of women who received car seats and car seat safety education from a PA funded program activity</i>	n/a

Maternal and Child Health Initiative Task Force Strategies	No.
<i>Number of women who received car seat safety education only from a PA funded program activity</i>	n/a
<i>Number of women who received child abuse prevention education from a PA funded program activity</i>	28
<i>Number of women who received abusive head trauma (shaken baby) prevention education from a PA funded program activity</i>	28
<i>Number of women who received a baby bed, crib, or pack-n-play and sleep safety education from a PA funded program activity</i>	n/a
<i>Number of women who received sleep safety education only from a PA funded program activity</i>	28

Challenges:

Overall our number of pregnant clients has decreased in the last few years. We have attributed this to several factors. One, teen pregnancy rates are continuing to drop on a national-level. We have been noticing and watching this trend for the past few years. Two, with the Affordable Care Act, we are finding that more people have access to insurance through their parents, workplaces, and online marketplace and are able to seek care at private clinics versus community clinics. We are seeing this with pregnant and non-pregnant patients. In the past there were few options for uninsured patients seeking care, and we saw a greater number of patients overall. With increased accessibility in gaining insurance, which is a positive result of the ACA, our population's needs for care in a community clinic setting have changed. Despite these challenges, the pregnant women that we are continuing to serve are still high-risk in their psychosocial needs. These women benefit greatly from case management in pregnancy and a smaller clinic setting where they are able to have all of their needs met.

Comments:

As we continue to await information regarding our evaluation requirements for this year, we have met several times as a team to brainstorm possible outcomes that we would like to look at evaluating. We would like to identify activities that further support, and increase the number of, breastfeeding moms. Anecdotally, we are finding that more young women who are in **CenteringPregnancy** plan to breastfeed their infants. Although many young women follow through with this plan, for different lengths of time, some women attend their postpartum appointments and report that breastfeeding was not successful. We would like to identify the problem areas and look at interventions that would increase the success for the moms who choose to breastfeed.

Possible interventions include:

- more targeted discussions on breastfeeding throughout **Centering**Pregnancy sessions
- Home visits with Face to Face RN (and certified lactation specialist), and a case manager, in the first week postpartum
- Inviting WIC peer support staff into **Centering**Pregnancy groups
- Meeting with a case manager one-to-one prior to delivering to assess needs and develop a breastfeeding support plan

We look forward to finalizing our evaluation plan and implementing it as soon as possible.